

# SSVF Priority 1 Community Plan

Date Completed/Revised:

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Month			Day			Year			

<b>Continuum of Care (CoC) Name:</b>		<b>CoC #:</b> 502
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**1. Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

Primary Group Name:	
Principle Members	Affiliation
Michael Raposa, Chief Executive Officer	Society of St. Vincent de Paul, South Pinellas, Inc.
Edi Erb, SSVF Program Director	Society of St. Vincent de Paul, South Pinellas, Inc.
Katie O'Neil, SSVF Program Manager Pinellas	Society of St. Vincent de Paul, South Pinellas, Inc.
Rhonda Abbott, Chief Executive Officer	Homeless Leadership Board of Pinellas (CoC)
Susan Finlaw-Dusseault, Director of CoC Services	Homeless Leadership Board of Pinellas (CoC)
Jennifer Sprague, Homeless Veterans Coordinator	C.W. Bill Young VAHCS
Cliff Smith, Manager of Veterans, Social, and Homeless Services	City of St. Petersburg
Kevin Edwards, Peer Support Representative	State Advisory Council
Richard Linkiewicz, St. Petersburg Police Officer	St. Petersburg Police Department
Michael Hill, Veterans Service Officer	Pinellas County Veteran Services
Frank Mora, Ambassador	All About Veterans, Inc.
Gina Maniaci, Team Leader	St. Pete Vet Center
James Dates, Area Director	Westcare
Jim Maxwell	Pinellas County Veteran Services
Michael Dowling	Pinellas County Veteran Services
Paul Huggins, Site Director	Public Defenders Office
Tracey Crockel, Community Liason	Help Us Help You
Zach White, Director of Veteran Services	Homeless Emergency Project
Walter Lamerton, Retired Veteran	Founder of the USO in Tampa, Florida

**2. Ongoing Review and Coordination:** Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The planning and coordination group, known as the Pinellas Veteran Task Force Committee will be meeting on a monthly basis to address community needs, track progress towards re-housing, and coordinate efforts with other veteran service providers in Pinellas County. It is proposed that the committee's approach be one that works as an operative arm for currently in place general homeless population providers to specifically address veterans' homelessness, physical and mental challenges and to assist them with their return to a productive, self-sufficient lifestyle in permanent housing. Additionally, the Pinellas Veteran Task Force Committee would act as a stop gap to address those veterans that are somehow falling through the cracks of existing outreach programs and link them to the appropriate programs in a swift and timely manner.

**3. SSVF Grantees Serving CoC Geography:** Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 (“surge), 2 (renewals), and 3 (other new) awards. If one agency has multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geography. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

Grantee Agency Name	Grant Amount	Total Annual Projected Households	Total Annual Projected Households: Rapid Re-Housing	% of Total Households to be Assisted with Rapid Re-Housing
St. Vincent de Paul, South Pinellas, Inc.	\$1,530,000	400	250	150
St. Vincent de Paul, South Pinellas, Inc.	\$6,000,000 (over a three year period)	1200 (over a three year period)	750	450
<b>TOTAL</b>	<b>\$7,530,000</b>	<b>1600</b>	<b>1000</b>	<b>600</b>

**4. Annual Demand and Need for Rapid Re-Housing Assistance:** Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

	Annual Unduplicated Homeless Veteran Households	Estimated # of Needing RRH (a)	Projected # to be Assisted with SSVF RRH (b)	Projected # to be Assisted with Other RRH (c)	Gap (a-(b+c))
Households without Children	515	486	382	104	0
Households with Children	35	31	17	14	0
<b>Total Homeless Veteran Households</b>	<b>550</b>	<b>517</b>	<b>399</b>	<b>118</b>	<b>0</b>

**5. CoC Goals for Ending Homelessness Among Veterans:** List the CoC’s goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant).

**What are the CoC’s goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count?**

	All Homeless Veteran Households (including CH)			Chronically Homeless Veteran Households		
	Sheltered	Unsheltered	TOTAL	Sheltered	Unsheltered	TOTAL
Households without Children	60	20	80	50	5	55
Households with Children	5	0	5	1	0	1
<b>Total Households</b>	<b>65</b>	<b>20</b>	<b>85</b>	<b>51</b>	<b>5</b>	<b>56</b>

**Has the CoC established other goals related to preventing and ending homelessness among Veterans by the end of 2015?** ☒ Yes ☐ No

**If “Yes”, please describe:**

The CoC has made ending homelessness among veterans a top priority for 2015. Until recently the CoC did not even have homeless veterans as a part of their strategic plan. Now “functional zero” is identified and systems are being put into place to quickly identify eligible veterans to be rapidly rehoused.

**6. SSVF Integration into CoC Coordinated Assessment System:** Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC's coordinated assessment system (e.g., "All Veterans who present to the CoC coordinated assessment center are screened for their current situation, needs, and SSVF eligibility. Then....). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

- a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.
- b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

The CoC's coordinated assessment system is currently running a pilot program for families in need through 2-1-1 Tampa Bay Cares, Inc. All family shelter and service providers have ensured the following:

1. Their agency profiles are up-to date with 2-1-1 so their profiles reflect the eligibility and ineligibility requirements of programs offered.
2. They will maintain a list of updated and available beds and services in "real time" that will ensure accurate and timely referrals are made to your facility by 2-1-1.
3. They agree to only accept referrals utilizing the "front door/one door" process. The initial screening will be completed and a referral made to family shelters by 2-1-1 based on eligibility and availability.
4. If they do not see a referral in Shelter Point by 2-1- 1 or another provider, the family will be instructed to call 2-1-1 for the initial screening. The caller should be instructed to press options 3, 3, & 1 on the phone to get the FSI team. Tell the 2-1-1 agent they have spoken to the provider and are calling to be screened for eligibility and a referral to a family shelter.
5. Families are still expected to make arrangements for the intake with the shelter once they have been screened and referred back to the shelter.

Families were deemed the highest priority in the community due to the fact that there is a lack of shelters available to accommodate them. The Coordinated Intake and Assessment Committee believed that this was an area that should be addressed first. All calls will go through 2-1-1 and be prescreened with the VI-SPDAT, then referred out to services depending on the score they receive by a trained 2-1-1 operator. While the coordinated intake process has been established, the community has been slow to respond due to the fact that the HMIS provider has stated that the family VI-SPDAT tool will not be in the system until April, causing a delay and much frustration among community providers.

Because of the delay, SVDSPSP has established a coordinated intake for all veteran households experiencing a housing crisis (individuals and families). SVDSPSP has contracted services out through 2-1-1 Tampa Bay Cares and established an SSVF hotline number for veterans in Pinellas, Pasco, and Hillsborough Counties for veterans to connect with. Veterans are instructed to call the hotline number to speak with a trained operator that screens them on their current housing situation, needs, and SSVF eligibility. If a veteran household meets the eligibility requirements of the program, their information is then referred to one of the three SSVF offices to schedule an intake. If the veteran household does not meet the eligibility requirements of the program, the 2-1-1 operator refers them to other resources in the community who are able to address their needs.

Outreach efforts for SSVF will still take place in the community, including but not limited to shelters, soup kitchens, social service agencies, parks, churches, libraries, and so forth where SSVF staff will meet with veterans who are literally homeless or at imminent-risk of becoming homeless. Staff members will be trained in using the VI SP-DAT tool to determine the most appropriate services for homeless veterans screened and will continue to refer clients to the SSVF hotline number as needed.

**7. Long-Term System Improvements:** Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

- a) Further integrating SSVF assistance into the CoC's planning, oversight processes and coordinated assessment system.
- b) Ensuring comprehensive coordination with VA systems and other VA funded programs.
- c) Improving or establishing partnerships with community-based services and public/private housing providers.

- a) The CoC will integrate SSVF assistance into its planning, processes, and coordinated assessment system by developing policies and procedures that fully implement the coordinated assessment process to effectively and appropriately screen, divert, and provide homeless assistance to those veterans in need. The CoC has recently adopted ending veteran homelessness as a top priority for 2015 and will assist in the identification of veterans who are currently in the system as quickly and as seamlessly as possible.
- b) The CoC will ensure comprehensive coordination with VA systems and other VA funded programs by relying on the local VA medical center to provide dialogue across veteran service providers (i.e. contracted shelter beds and GPD programs), ensuring that veterans are referred to the most appropriate programs for their housing needs. These conversations have already started with the help of Jennifer Sprague, the Homeless Veterans Coordinator, and Michelle Laycox, the Section Chief of Homeless Programs, at the C.W. Bill Young VAMC. Ms. Sprague and Mrs. Laycox are in the process of coordinating with all GPD funded programs in the county to ensure that veterans are not being enrolled into GPD beds unless there are concerns with the veteran's ability to sustain themselves long-term in permanent housing. These meetings will be taking place on a quarterly basis to ensure that veterans are referred to the right program during the initial screening process.
- c) The CoC will improve and establish partnerships with community based services through monthly provider meetings and ongoing partnerships and collaborations that meet the needs of homeless veterans in our community. The CoC will also work to improve the dialogue of all veteran service providers to ensure that agencies are collaborating together rather than working in silos. It is also the hope of the CoC that the local Housing Authorities become more involved in the planning process to make affordable housing a priority for homeless veterans. The Veteran Task Force Committee is currently in the process of reaching out to all four housing authorities in Pinellas County to become active participants in the planning and implementing of our goal and making homeless veterans a top priority for available housing opportunities in the community. In addition to this, the CoC has secured a contract with Iain De Jong, the creator of the VI-SPDAT tool and an advocate for the homeless. Mr. De Jong works with government, non-profits, non-governmental organizations and private industry, to create vibrant communities by establishing plans, creating policy, and undertaking research to end homelessness in North America. With Mr. De Jong's help, the CoC will involve the CEOs and the COOs of the 38 service providers in Pinellas County to understand the system change in homeless services that is taking place globally through. Workshops with Iain will be held quarterly throughout 2015 and will touch on prioritization, housing first, coordinated intake, outreach with a purpose, and improved case management efforts. Through these workshops, the CoC hopes to re-focus and re-purpose the work that is currently being done in the community to create a systematic approach that rehouses the homeless as quickly as possible.

**8. Other Strengths and Challenges:** Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths –

- Pinellas County has an abundance of resources in the community that can assist literally homeless individuals and families.
- Healthy dialogue and partnerships with the local VA medical center.
- New housing projects in the community that are veteran-specific.

Challenges –

- There are several social service providers in Pinellas County that continue to work in silos.
- Affordable housing in Pinellas County is limited.
- Employment and transportation are limited in Pinellas County, making it difficult to find good paying jobs that will enable a household to be self-sufficient.
- Lack of funding in the community to assist at-risk individuals and families from becoming homeless.
- HUD-VASH vouchers are at their capacity.
- Assessment for RRH needs to occur immediately within GPD programs to ensure veterans are receiving support that is most conducive to their needs.